



State of Connecticut
HOUSE OF REPRESENTATIVES
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ELECTIONS COMMITTEE

March 1, 2016

Representative Megna, Senator Crisco and members of the Insurance Committee:

I wish to testify in support of HB 5230 AN ACT REQUIRING HEALTH INSURANCE COVERAGE FOR FERTILITY PRESERVATION FOR INSURED'S DIAGNOSED WITH CANCER.

I want to thank the committee for raising this bill, which is critical for young people diagnosed with cancer.

Connecticut's existing insurance law requires mandatory coverage for infertility diagnosis and treatment.

Sec. 38a-509 lists a variety of covered procedures.

Included procedures are ovulation induction, intrauterine insemination, in-vitro fertilization, uterine embryo lavage, embryo transfer, gamete intra-fallopian transfer, zygote intra-fallopian transfer and low tubal ovum transfer.

I would suggest you amend the language before you to add it to Sec. 38-509

The state has made numerous tweaks to this mandate, including last year when coverage was expanded to women over the age of forty.

However, the legislature has so far failed to include cryopreservation – the freezing of sperm or eggs – for patients diagnosed with cancer.

Independent cost analysis, which I will submit to the committee for review, shows that the cost is likely between 8 and 16 pennies per patient per month, one of the most affordable mandates this committee could consider.

That's the cost. However the net fiscal impact will likely be an overall savings because this analysis ignores cost savings related to patients -- particularly women -- getting treated early and with more aggressive treatment or needing fewer rounds of fertility treatment.

I appreciate your consideration and ask for your support.

Sincerely,


Matthew Lesser

Estimated Cost of CT Oncofertility Coverage Mandate

Introduction: The following model attempts to quantify the impact of the CT House Bill 5500 on the State Plan. Please note that the actual impact could be higher or lower, depending on the actual benefit design and the actual demographics of the state plans.

Methods

We tried to estimate incidence and utilization within the state worker population. We did this by looking at published data on the incidence of new cancer diagnoses. We then analyzed the age and gender of those patients when first diagnosed. Next, we projected utilization leveraging published data and stated assumptions. Final costs were forecast across a range of utilization.

Expected Incidence

Expected incidence for the State Workers (SW) was calculated by obtaining the expected incidence of new cancer diagnoses in Connecticut¹ and assuming that the SW population is normalized to the rest of the state²³. This gives us the likely number of new cancer cases in the SW population. We then subtract the percentage of those Cancer cases in patients over 45⁴ to give us the overall incidence in the relevant⁵ SW population. We must then distribute the new cases accurately by gender, as young females (62%) are more likely than young males (38%) to contract cancer⁶.

Utilization

Cancer patients may choose not to pursue fertility preservation for many reasons, but the most common cited by a Center for Advanced Reproductive Services (Farmington, CT) 2012 study were A) Time sensitive need for cancer treatment, B) Already have children, or C) Do not have a partner.

A publication from *Cancer* (2012)⁶ shows the utilization of Fertility Preservation in female Cancer patients to be about 4%. Other studies have shown the utilization of male cancer patients to be

¹ New Cancer Diagnoses for Connecticut:

(<http://www.cancer.org/acs/groups/content/@research/documents/document/acspc-041781.pdf>)

² To note: In fact, the state worker population trends older than the CT state population (Population over 50: CT: 38%; State workers: 49%). Because cancer prevalence increases with age, this may lead to an understating of the overall number of new cancer cases in the state worker population. However, there would likely be a corresponding downward shift in the percentage of new SW cases attributable to patients of reproductive age. We estimate that these effects would cancel each other and are not significant

³ Connecticut State Worker Demographics: Received 4/28, from the CT office of the State Comptroller

⁴ New Cancer Cases by Age and Gender: American Cancer Society Estimated New Cancer Cases by Sex and Age (years), 2013: (<http://m.cancer.org/acs/groups/content/@epidemiologysurveillance/documents/document/acspc-037114.pdf>)

⁵ The law is actually for patients 40 and under, so this may be a slight overstatement in incidence.

⁶ Letourneau, J. M., Smith, J. F., Ebbel, E. E., Craig, A., Katz, P. P., Cedars, M. I. and Rosen, M. P. (2012), Racial, socioeconomic, and demographic disparities in access to fertility preservation in young women diagnosed with cancer. *Cancer*, 118: 4579-4588. doi: 10.1002/encr.2664

approximately 29%.⁷ With the introduction of this bill, we assume that utilization will rise. Exhibit A shows three different scenarios looking at utilization and associated cost.⁸

Another cost-driving assumption is the course of treatment. The law covers sperm cryopreservation for men. For female patients, it covers oocyte (egg) and embryo (egg + sperm) cryopreservation. A major factor in choosing between these two options is the presence of a spouse or significant other. To choose embryo preservation, the female patient must forecast that the sperm donor will likely be her partner of choice when they later choose to utilize the cryopreserved embryo. Due to the age of the proposed patients (aged 18-40), we've assumed a 50% split between oocyte and embryo cryopreservation.

Conclusions: Depending highly on utilization and actual costs, the likely PM/PM cost for the CT Oncofertility Coverage Mandate is between \$0.08 and \$0.16. The actual impact could be higher or lower, depending on the actual benefit design, incidence, and utilization.

⁷ Klosky JL, Randolph ME, Navid F, et al. Sperm Cryopreservation Practices Among Adolescent Cancer Patients At Risk For Infertility. *Pediatric hematology and oncology*. 2009;26(4):252-260. doi:10.1080/08880010902901294.

⁸ OptumInsight | ACTUARIAL REPORT FOR THE STATE OF CT (2011)

EXHIBIT A: Cost Scenarios by Utilization

Utilization at levels (low) reported in literature

	Male	Female	Total
Expected Cancer Incidence	41	67	108
Expected Utilization	29%	4%	
Type of Cryopreservation	Sperm	Oocyte	Embryo
Distribution		50%	50%
Cost Per Procedure	\$ 1,113	\$ 8,954	\$ 16,240
Total Cost	\$ 13,198	\$ 11,947	\$ 21,668
PM/PM			\$ 0.02

Medium Utilization

	Male	Female	Total
Expected Cancer Incidence	41	67	108
Expected Utilization	50%	20%	
Type of Cryopreservation	Sperm	Oocyte	Embryo
Distribution		50%	50%
Cost Per Procedure	\$ 1,113	\$ 8,954	\$ 16,240
Total Cost	\$ 22,756	\$ 59,733	\$ 108,339
PM/PM			\$ 0.08

High Utilization

	Male	Female	Total
Expected Cancer Incidence	41	67	108
Expected Utilization	70%	40%	
Type of Cryopreservation	Sperm	Oocyte	Embryo
Distribution		50%	50%
Cost Per Procedure	\$ 1,113	\$ 8,954	\$ 16,240
Total Cost	\$ 31,858	\$ 119,466	\$ 216,678
PM/PM			\$ 0.15